

EXHIBIT M

Transcribed Trial Testimony of Samuel
Romirowsky that was video recorded and
played for the Jury

SamuelRomirowsky-editedfortrial

Designation List Report



Romirowsky, Samuel

2025-06-30

[Our Designations](#)

01:07:52

TOTAL RUN TIME

01:07:52



SamuelRomirowsky-editedfortrial

DESIGNATION	SOURCE	DURATION	ID
5:24 - 29:20	Romirowsky, Samuel 2025-06-30	00:32:22	SamuelRomirowsky-editedfortrial.1
5:24	Whereupon,		
5:25	SAMUEL ROMIROWSKY, PH.D.,		
6:01	called as a witness, having been first duly		
6:02	sworn to tell the truth, the whole truth, and nothing		
6:03	but the truth, testified as follows:		
6:04	- - -		
6:05	DIRECT EXAMINATION		
6:06	- - -		
6:07	BY MR. ZIMMERMAN:		
6:08	Q. Hello, Dr. Romirowsky. Can you please		
6:09	introduce yourself to the jury?		
6:10	A. Of course. My name is Sam Romirowsky.		
6:11	I'm a licensed psychologist. I've been in practice		
6:12	for approximately 45 years, and I had the		
6:13	opportunity in this case to evaluate		
6:14	Mr. Desrosiers.		
6:15	Q. You mentioned that you are a		
6:16	psychologist. What does a psychologist do?		
6:17	A. A psychologist specializes in human		
6:18	behavior and based on past behavior and symptoms is		
6:19	able to, to a reasonable degree, predict how people		
6:20	will behave going forward.		
6:21	Q. As a psychologist, do you from time to		
6:22	time diagnose disorders?		
6:23	A. Yes.		
6:24	Q. And --		
6:25	A. Regularly.		
7:01	Q. I'm sorry?		
7:02	A. I'm sorry to interrupt. Regularly.		
7:03	Q. Okay. Can you give some examples of		
7:04	the types of diagnoses that psychologists can --		
7:05	can find?		
7:06	A. Depending on what kinds of problems,		
7:07	what kinds of symptoms a patient presents with or		
7:08	wants help with, a psychologist might find that a		
7:09	person has what's called a mood disorder.		
7:10	In plain English, it means that they're		
7:11	sad and that usually, if they have the symptoms		

DESIGNATION	SOURCE	DURATION	ID
7:12	that meet the criteria, shows that they have a		
7:13	depressive disorder, that they're suffering not		
7:14	just feeling sad or blue, like everybody does, but		
7:15	have other symptoms that make it reach the level of		
7:16	an actual psychiatric diagnosis called depression.		
7:17	Some of them might present feeling		
7:18	jittery, apprehensive, worried all the time, and		
7:19	unable to control their worry; that person might be		
7:20	suffering from what's called an anxiety disorder.		
7:21	So there's anxiety, there's depression, mood		
7:22	disorders.		
7:23	And there are thought disorders where		
7:24	people really can't distinguish what's reality from		
7:25	what's fantasy, and those are called psychotic		
8:01	disorders.		
8:02	So there's a whole spectrum of reasons		
8:03	why people might seek out a psychologist.		
8:04	Q. Doctor, were you retained by our office		
8:05	to perform a review of Mr. Desrosiers' medical		
8:06	records, perform an evaluation of him, and provide		
8:07	professional psychological opinions concerning his		
8:08	mental health?		
8:09	A. Yes, I was.		
8:10	Q. Before we get to Mr. Desrosiers, can		
8:11	you please tell the jury a little bit about		
8:12	yourself? And please start with your educational		
8:13	history.		
8:14	A. Sure. I received my undergraduate		
8:15	college education at Temple University here in		
8:16	Philadelphia and continued -- after receiving a		
8:17	Bachelor of Arts degree, I continued to receive a		
8:18	master's degree.		
8:19	I then continued my studies in		
8:20	psychology in New York at Columbia University where		
8:21	I received a master's degree and then continued to		
8:22	receive my doctorate, a Ph.D. degree.		
8:23	And as part of that doctoral program, I		
8:24	did an internship -- that's additional hands-on		
8:25	supervised training -- at the Veterans		
9:01	Administration Hospital in New Haven, Connecticut,		
9:02	and training at the Philadelphia Child Guidance		

DESIGNATION	SOURCE	DURATION	ID
9:03	Clinic in Philadelphia, and Moss Rehabilitation		
9:04	Hospital also in Philadelphia.		
9:05	I received my doctorate in 1978 and		
9:06	went on to get postdoctoral training in a specialty		
9:07	called neuropsychology, which is the study of the		
9:08	connection between brain -- which parts of your		
9:09	brain are controlling human behavior.		
9:10	I've been in private practice for the		
9:11	last 45 years.		
9:12	Q. Are you licensed in any particular		
9:13	states?		
9:14	A. I am. I'm licensed in the Commonwealth		
9:15	of Pennsylvania, as well as the state of Delaware.		
9:16	Q. Did you obtain any special		
9:17	certifications for your analysis for this case?		
9:18	A. I did have to become temporarily		
9:19	licensed in the state of Massachusetts, so I was		
9:20	able to practice and perform the evaluation, as the		
9:21	ethics of my profession requires.		
9:22	Q. So I understand that you essentially		
9:23	had your own clinical practice for several decades.		
9:24	Can you just walk us through what you did in that		
9:25	practice?		
10:01	A. Sure. So there are two components, two		
10:02	different kinds of practices that were incorporated		
10:03	into my overall general private practice. One part		
10:04	of my practice was treating patients. My practice		
10:05	was limited to people who are over five years old,		
10:06	extending all the way through seniors.		
10:07	That would be individuals, couples,		
10:08	families, so there were many combinations of		
10:09	reasons why people might present and seek		
10:10	treatment, and I was providing it. That's the		
10:11	clinical side of my practice.		
10:12	The forensic side of my practice was		
10:13	not about treatment but rather doing evaluations		
10:14	where I'm not -- I'm not providing any services to		
10:15	help the person. I'm just trying to get to the		
10:16	truth of what seems to be true about the way this		
10:17	person is functioning. Do they have a		
10:18	psychological disturbance? What caused the		

DESIGNATION	SOURCE	DURATION	ID
	10:19	psychological disturbance and what treatment, if	
	10:20	any, might they need in the future?	
	10:21	Q. Is that what you did here, the forensic	
	10:22	investigation?	
	10:23	A. Yes. That's exactly what I did.	
	10:24	Q. And I understand, obviously, in	
	10:25	forensic investigations, lawyers like our firm,	
	11:01	will hire you from time to time to perform an	
	11:02	evaluation?	
	11:03	A. Yes.	
	11:04	Q. This is a civil case. Have you handled	
	11:05	forensic investigations in a civil case before?	
	11:06	A. I have.	
	11:07	Q. Have you handled investigations in	
	11:08	criminal cases before?	
	11:09	A. I have.	
	11:10	Q. How about in family court cases?	
	11:11	A. Many times.	
	11:12	Q. In terms of who hires you, do you hold	
	11:13	yourself out to be hired by both plaintiff and	
	11:14	defense attorneys?	
	11:15	A. I do.	
	11:16	Q. And have you worked for plaintiff and	
	11:17	defense attorneys in providing evaluations?	
	11:18	A. Yes.	
	11:19	Q. Have you worked for the person who	
	11:20	represents the injured person?	
	11:21	A. Yes.	
	11:22	Q. And have you worked for attorneys who	
	11:23	are defending against claims by an injured person?	
	11:24	A. Yes.	
	11:25	Q. Between those two, do you tend to work	
	12:01	more on the plaintiff's side or the defense side?	
	12:02	A. I tend to work more frequently with the	
	12:03	plaintiff's side, and that's because it's more	
	12:04	frequent that the plaintiff's side is calling me,	
	12:05	not that I have a preference for working for one	
	12:06	side or the other. The phone rings more often from	
	12:07	the plaintiff side.	
	12:08	Q. We've been talking for the last couple	
	12:09	of minutes about the forensic part of your	

DESIGNATION	SOURCE	DURATION	ID
12:10	practice. Do you still treat patients in that		
12:11	first part that you were mentioning?		
12:12	A. I don't. About, I don't know, three or		
12:13	four years ago I made a decision based on		
12:14	lifestyle, really at my age, that I was going to		
12:15	cut back a little bit. So I stopped treating		
12:16	patients, and now I'm exclusively doing forensic		
12:17	evaluations, as you mentioned, for a variety of		
12:18	courts, criminal court, civil litigation,		
12:19	industrial accident boards, all variety of courts		
12:20	that might have a psychological question.		
12:21	Q. And before committing yourself to doing		
12:22	the forensic examinations, approximately how many		
12:23	years did you spend actually treating patients?		
12:24	A. Approximately, 40 years.		
12:25	Q. And you've been retained to evaluate		
13:01	whether individuals meet criterias for certain		
13:02	disorders, as you discussed prior?		
13:03	A. Yes.		
13:04	Q. Do you have any examples of educational		
13:05	or training experiences that have helped you assess		
13:06	those disorders?		
13:07	A. Yes. Well, let me -- let me answer the		
13:08	question this way: I've had lots of formal		
13:09	trainings. One category of training are what are		
13:10	called continuing education credits. There's a		
13:11	requirement to stay licensed in the state of		
13:12	Delaware and the Commonwealth of Pennsylvania that		
13:13	anyone who wants to practice in the field has to		
13:14	take a certain amount of education to stay current		
13:15	in what's happening in our field, so I do 40 hours		
13:16	of training every year.		
13:17	In addition to that, I've been trained		
13:18	for years both at the VA Hospital, specializing in		
13:19	training for post-traumatic stress disorder, as		
13:20	well as at Moss Rehabilitation Hospital,		
13:21	specializing in the psychological aspects of		
13:22	physical problems, as well as training at the		
13:23	Philadelphia Child Guidance Clinic at Children's		
13:24	Hospital here in Philadelphia for problems that		
13:25	relate to children and their families.		

DESIGNATION	SOURCE	DURATION	ID
14:01	Q. You mentioned that you still take		
14:02	continuing education courses. Do you also review		
14:03	literature within your field?		
14:04	A. Yes.		
14:05	Q. And we'll get to your opinions in this		
14:06	case in a moment, but did you review any literature		
14:07	specific to the issues in this case?		
14:08	A. I did.		
14:09	Q. And please tell us what you reviewed.		
14:10	A. The general category that I -- of		
14:11	literature that I reviewed had to do with wanting		
14:12	to get an understanding of what research has been		
14:13	done on the way people tend to respond		
14:14	psychologically to having experienced some kind of		
14:15	a gunshot incident.		
14:16	I referenced in my report -- we may get		
14:17	to later -- articles from the Journal of the		
14:18	American Psychlog- -- Medical Association, the		
14:19	Annals of Surgery. There's a whole variety of		
14:20	research.		
14:21	Any time that I take on a case, I want		
14:22	to understand what will inform me, how can I learn		
14:23	from what research has already been conducted about		
14:24	predicting how various people or groups of people		
14:25	will respond to the very condition that I'm now		
15:01	being asked to evaluate.		
15:02	Q. And, sir, are you a member of any		
15:03	professional organizations in your field?		
15:04	A. I am.		
15:05	Q. Which ones?		
15:06	A. I'm a member of the American		
15:07	Psychological Association, the Pennsylvania		
15:08	Psychological Association, the Delaware		
15:09	Psychological Association, the Philadelphia Society		
15:10	of Clinical Psychologists, the National Register of		
15:11	Health Service Providers in Psychology, the		
15:12	Association of Family and Conciliation Courts, and		
15:13	the American Board of Forensic Examiners.		
15:14	Q. Based upon your training and your		
15:15	education and your experience, Dr. Romirowsky, do		
15:16	you believe you can assist the jury in		

Samuel Romirowsky-edited for trial

DESIGNATION	SOURCE	DURATION	ID
15:17	understanding what psychological injuries, if any,		
15:18	Mr. Desrosiers sustained as a result of this		
15:19	unintended discharge?		
15:20	A. I believe I can, and I will do my best		
15:21	to do just that.		
15:22	MR. ZIMMERMAN: At this time the		
15:23	plaintiffs offer Mr. -- Dr. Samuel Romirowsky		
15:24	as an expert in the field of psychology, and		
15:25	we offer the defense the opportunity to		
16:01	question Dr. Romirowsky's credentials.		
16:02	MS. DEVINE: No objection, and no		
16:03	questions at this time.		
16:04	BY MR. ZIMMERMAN:		
16:05	Q. Dr. Romirowsky, you have a report that		
16:06	you generated in this case?		
16:07	A. Yes.		
16:08	Q. And you have a copy of that with you?		
16:09	A. I do.		
16:10	Q. I'm going to ask you questions today.		
16:11	You can just answer them to the best of your		
16:12	ability. If you need to refer to your report, just		
16:13	let us know you're doing that, because I know		
16:14	there's a lot of information in there. Okay?		
16:15	A. Thank you. Yes.		
16:16	Q. Now, tell me what you do when you		
16:17	perform one of these evaluations. What do you look		
16:18	at? What do you do?		
16:19	A. So I want to get a comprehensive		
16:20	picture of who is this person that I'm evaluating.		
16:21	So, of course, I have the opportunity to interview		
16:22	the person and get background information that is		
16:23	general, their family, where did they grow up, what		
16:24	kind of education have they had, where have they		
16:25	worked; what, if any, medical problems did they		
17:01	experience prior to being injured; what, if any,		
17:02	psychological problems they have prior to being		
17:03	injured, have they sought any treatment to remedy		
17:04	their physical or emotional problems that resulted		
17:05	from the incident that I'm involved in evaluating.		
17:06	And then I want the opportunity -- so I		
17:07	don't just rely on what the person told me, I want		

DESIGNATION	SOURCE	DURATION	ID
	17:08 the opportunity to review any and all records,		
	17:09 medical records, whether they're medical or		
	17:10 psychiatric, that will help me understand not just		
	17:11 what the person's telling me, but what do the		
	17:12 medical records say.		
	17:13 And in an ideal world, I have greater		
	17:14 confidence in what the person's telling me if it's		
	17:15 backed up by what's in their medical records.		
	17:16 Q. And we'll get to it later, but is that		
	17:17 what happened here? Did what you find backup or		
	17:18 sync with the medical records?		
	17:19 A. Yes, totally.		
	17:20 Q. Now, in this case, can you just give us		
	17:21 a general overview of the background information		
	17:22 you obtained on Mr. Desrosiers?		
	17:23 A. Yes. I'm going to, with your		
	17:24 permission, look at my report.		
	17:25 Q. Sure.		
	18:01 A. So in interviewing Mr. Desrosiers, I		
	18:02 had the opportunity to get information about his		
	18:03 family and his social history and learned that he		
	18:04 was born and raised in Haiti and came to the United		
	18:05 States when he was approximately 22 years old.		
	18:06 Q. How about his educational background?		
	18:07 A. He went to high school. After getting		
	18:08 his high school diploma, he continued on to		
	18:09 college, and after college he went to law school		
	18:10 and then became employed with the -- he went to the		
	18:11 police academy to become a police officer.		
	18:12 Q. And do you have a general idea of how		
	18:13 long he was a police officer?		
	18:14 A. I believe he graduated from the police		
	18:15 academy in 1995, so ever since 1995.		
	18:16 Q. And when you say "ever since," this		
	18:17 incident was in 2019. Is it your understanding he		
	18:18 worked as a police officer from '95 until 2019?		
	18:19 A. Yes, that's my understanding.		
	18:20 Q. Do you have an understanding of whether		
	18:21 he's returned as a police officer since this		
	18:22 incident?		
	18:23 A. It's my understanding that he was		

DESIGNATION	SOURCE	DURATION	ID
18:24	evaluated for his fitness to return to work, and he		
18:25	was found to be unfit, meaning that he could never		
19:01	by the evaluation performed by that expert, that he		
19:02	was deemed unable to ever return to police work.		
19:03	Q. Now, in terms of his family life, did		
19:04	you have an opportunity to gain information about		
19:05	not only who Mr. Desrosiers was but who his family		
19:06	was?		
19:07	A. Yes. He has a 37, now 39-year-old		
19:08	daughter from a prior relationship. He's currently		
19:09	married. He and Yolette, his wife, have three		
19:10	children. The oldest is a daughter, and they have		
19:11	24-year-old twin sons, now 26 years old.		
19:12	Q. This incident was about seven years ago		
19:13	in twenty -- six years ago in 2019. Fair to say		
19:14	that his younger twins would've been about 19 years		
19:15	old back then?		
19:16	A. Yes.		
19:17	Q. Okay. And do you have an understanding		
19:18	of what they did during that time?		
19:19	A. It's my understanding they were in		
19:20	college. It's my further understanding that		
19:21	Mr. Desrosiers was supporting his twin sons and		
19:22	paying for their college.		
19:23	Q. In terms of his work as a police		
19:24	officer, what evaluations did you make in terms of		
19:25	his pre-incident fitness to serve and the value and		
20:01	enjoyment he took from his job?		
20:02	A. My understanding from my interview with		
20:03	Mr. Desrosiers is that the reason that he stayed a		
20:04	police officer from 1995 until 2019 was that he		
20:05	loved the work that he was doing.		
20:06	He even sought to find work in other		
20:07	police departments surrounding where he was living,		
20:08	hoping that he would find a police department that		
20:09	wasn't using the firearm that was involved in his		
20:10	own injury.		
20:11	He loved being a police officer. Being		
20:12	a married, loving husband, being a father and being		
20:13	a police officer, I would say were the three		
20:14	essential components of his identity.		

DESIGNATION	SOURCE	DURATION	ID
20:15	Q. Is that what stood out to you during		
20:16	the interview?		
20:17	A. Yes.		
20:18	Q. And your interview was about a		
20:19	year-and-a-half ago. Do you actually have a memory		
20:20	of that?		
20:21	A. A memory of the interview?		
20:22	Q. And the enjoyment that he had for his		
20:23	not only family but his work-life?		
20:24	A. Yes. He loved it.		
20:25	Q. Did he, to your knowledge, have any		
21:01	psychological treatment before the incident?		
21:02	A. None that were reported to me, and none		
21:03	that were found in records.		
21:04	Q. So in terms of the records, I'm going		
21:05	to ask you about what physical injuries he		
21:06	sustained and what psychological injuries he		
21:07	sustained.		
21:08	Before I do, do you treat physical		
21:09	injuries in your capacity?		
21:10	A. Only if they relate to pain, but I'm		
21:11	not a physician. I don't treat physical injuries.		
21:12	Q. Is it still important for you to		
21:13	understand the physical injuries in performing your		
21:14	assessment?		
21:15	A. It is for a couple of reasons. One is,		
21:16	if I can understand what the physical injuries are,		
21:17	I can understand what a reasonable person -- how a		
21:18	reasonable person might react to having that kind		
21:19	of injury.		
21:20	While not everybody is the same, there		
21:21	is an understanding of a baseline, a general		
21:22	understanding that somebody who's been injured in a		
21:23	certain way, a reasonable person would say, yeah,		
21:24	makes sense that having that kind of injury, a		
21:25	person might become -- fill in the blank --		
22:01	depressed or anxious, frightened, et cetera, so --		
22:02	Q. Tell us --		
22:03	A. I'm sorry.		
22:04	Q. Sorry. Tell us what you know about the		
22:05	severity of the physical injuries that		

DESIGNATION	SOURCE	DURATION	ID
22:06	Mr. Desrosiers suffered.		
22:07	A. My understanding is there was an		
22:08	unintended discharge of his firearm, and he felt		
22:09	intense burning in his groin area, found out later		
22:10	that the SIG Sauer 320 that he was -- had in his		
22:11	waistband had unintentionally discharged, and the		
22:12	bullet went through his scrotum, his penis, his		
22:13	left testicle, and entered and left his thigh above		
22:14	his left knee.		
22:15	Q. Did Mr. Desrosiers report to you any of		
22:16	the symptoms that he had as a result of the bullet		
22:17	going through those body parts?		
22:18	A. You mean emotional symptoms or physical		
22:19	symptoms?		
22:20	Q. Let's start with physical and then		
22:21	we'll get to the emotional.		
22:22	A. I'm going to refer to my report again.		
22:23	Q. Sure.		
22:24	A. He was evaluated following the injury		
22:25	at Massachusetts General Hospital Emergency		
23:01	Department and then underwent surgery and was		
23:02	admitted as an inpatient. He required physical		
23:03	therapy afterwards because he had difficulty		
23:04	walking as a result of the injury sustained.		
23:05	As I said earlier, he had no prior		
23:06	history of any psychiatric problems, but after this		
23:07	injury, he sought treatment from a psychologist who		
23:08	diagnosed him with post-traumatic stress disorder		
23:09	and treated him for approximately a year.		
23:10	He also went to his primary care		
23:11	physician who prescribed Celexa, which is often		
23:12	used to treat depression and/or anxiety.		
23:13	Q. Dr. Romirowsky, in terms of the		
23:14	physical injuries, there was a list -- there were		
23:15	several symptoms that you had in your report. We		
23:16	put them in a list format, and I'm going to show		
23:17	you a document that we'll mark as Exhibit 702. I'm		
23:18	going to publish it for demonstrative purposes.		
23:19	(Exhibit 702 was marked for purposes of		
23:20	identification.)		
23:21	BY MR. ZIMMERMAN:		

DESIGNATION	SOURCE	DURATION	ID
23:22	Q. And the top of this talks about the		
23:23	physical injuries and symptoms. Can you please		
23:24	read those quietly to yourself and let me know if		
23:25	those are the symptoms that were identified in your		
24:01	report?		
24:02	A. You've identified ten symptoms, and		
24:03	they're exactly the ones that I've identified in my		
24:04	report.		
24:05	Q. Now, in terms of the psychological		
24:06	injuries and symptoms, you mentioned that following		
24:07	the incident Dr. -- or Mr. Desrosiers consulted		
24:08	with a psychologist.		
24:09	Does this also identify the symptoms		
24:10	and injuries from a psychological perspective that		
24:11	you saw?		
24:12	A. Yes.		
24:13	Q. And just because there are several of		
24:14	them, can you just go through them and identify		
24:15	from a psychological standpoint what injuries and		
24:16	symptoms Mr. Desrosiers presented?		
24:17	A. In a combination of symptoms that were		
24:18	referred to in his treatment with his treating		
24:19	psychologist, as well as the symptoms that were		
24:20	reported to me in my evaluation of Mr. Desrosiers,		
24:21	he experienced anxiety, symptoms of depression,		
24:22	reported having violent nightmares following the		
24:23	injury.		
24:24	He reported having unwanted thoughts		
24:25	that intruded on his thinking, meaning they were		
25:01	unwelcome and unpleasant for him.		
25:02	He had impaired sleep multiple times a		
25:03	week at that time.		
25:04	He had the strange sensation of		
25:05	smelling or tasting gunpowder, which was not		
25:06	present. In other words, at the time of the		
25:07	injury, he did taste and smell gunpowder, but long		
25:08	after that, when I saw him four years later, he		
25:09	still was having unwanted sensations from time to		
25:10	time of smelling or tasting gunpowder.		
25:11	Unfortunately, he experienced sexual		
25:12	dysfunction and was no longer able to get erections		

DESIGNATION	SOURCE	DURATION	ID
25:13	after the injury, which led to loss of intimacy		
25:14	with his wife.		
25:15	He became socially withdrawn really in		
25:16	contrast to how he was before the injury, where he		
25:17	enjoyed the company of his colleagues and his		
25:18	friends and family.		
25:19	Following the accident, he preferred to		
25:20	be alone, spending most of his daytime taking walks		
25:21	or going to the library.		
25:22	He reported difficulty concentrating.		
25:23	Generally, did not like to be outside because of		
25:24	his difficulty walking and pain, he felt		
25:25	vulnerable.		
26:01	He became easily startled by loud		
26:02	noises, especially those that resembled a gunshot.		
26:03	He felt unsafe in public because of		
26:04	that vulnerability.		
26:05	He was angry about what happened and		
26:06	how this has dramatically changed his life, and		
26:07	that he found himself overreacting and sometimes		
26:08	having angry outbursts with very little		
26:09	provocation.		
26:10	Q. Did the interview complaints that		
26:11	Mr. Desrosiers had, were they consistent with what		
26:12	you saw in the medical records?		
26:13	A. Yes.		
26:14	Q. And in reviewing these injuries and		
26:15	symptoms, did you form any conclusions about any		
26:16	diagnoses that Mr. Desrosiers was left with as a		
26:17	result of this incident?		
26:18	A. Yes.		
26:19	Q. So walk us through the process before		
26:20	you get to the actual diagnoses. How do you go		
26:21	about making a diagnosis? Do you just kind of		
26:22	eye-it-up, or is there an actual process?		
26:23	A. Well, first, you have to understand		
26:24	that there is an objective standard that has been		
26:25	created for determining whether a person's symptoms		
27:01	reach the level of an actual diagnosis. It's not		
27:02	up to Sam Romirowsky to decide whether he has a		
27:03	diagnosis. There is a book, which is a catalog of		

DESIGNATION	SOURCE	DURATION	ID
27:04	every single psychiatric diagnosis that exists.		
27:05	That's called the DSM-5, the Diagnostic and		
27:06	Statistical Manual, now in its 5th Edition.		
27:07	Q. In reviewing the DSM-5, based upon his		
27:08	injuries and his symptoms, did you believe that he		
27:09	qualified for a medical diagnosis or diagnoses?		
27:10	A. Yes.		
27:11	Q. How many did you find?		
27:12	A. I found that comparing the symptoms		
27:13	that he was reporting or that were listed and		
27:14	reflected in his medical records and comparing it		
27:15	to the diagnostic criteria that are set forth in		
27:16	that DSM-5, that he had two psychiatric disorders.		
27:17	Q. Walk us through each of them, please.		
27:18	A. So the first diagnosis is what I've		
27:19	diagnosed and fits with the criteria in the DSM		
27:20	called persistent depressive disorder. So in plain		
27:21	English, what's a persistent depressive disorder?		
27:22	The person has a depressed mood not just for one		
27:23	day but for most days.		
27:24	It's not so debilitating that they're		
27:25	curled up in bed and pull the blankets over their		
28:01	head, but their mood is low. Their energy is low.		
28:02	They're easily fatigued. They're not sleeping		
28:03	well. They have low self-esteem, difficulty		
28:04	concentrating, and feeling pessimistic about their		
28:05	future and angry about the way their life has		
28:06	changed.		
28:07	Those are the main features of that		
28:08	particular diagnosis.		
28:09	Q. Okay. And in your expert opinion, has		
28:10	Mr. Desrosiers been dealing with that persistent		
28:11	depressive disorder at or near -- since the time of		
28:12	the incident?		
28:13	A. Well, I can tell you that from the time		
28:14	of the incident until I saw him on December 13th of		
28:15	2023, he was suffering from those symptoms. I		
28:16	don't know anything about how he's functioning		
28:17	since the date that I evaluated him.		
28:18	Q. How about the second diagnosis that you		
28:19	made?		

DESIGNATION	SOURCE	DURATION	ID
	<p>28:20 A. So the second diagnosis is something</p> <p>28:21 called other specified trauma or stress-related</p> <p>28:22 disorder. It's very, very similar to what's called</p> <p>28:23 post-traumatic stress disorder. In fact, his</p> <p>28:24 treating psychologist diagnosed him with</p> <p>28:25 post-traumatic stress disorder, and the</p> <p>29:01 psychiatrist that evaluated him for his fitness to</p> <p>29:02 return to work as a policeman also diagnosed him</p> <p>29:03 with post-traumatic stress disorder.</p> <p>29:04 Q. How is your diagnosis different than</p> <p>29:05 theirs?</p> <p>29:06 A. In order to have a diagnosis, you have</p> <p>29:07 to meet 100 percent of the diagnostic criteria. If</p> <p>29:08 you're missing one, then you don't have that</p> <p>29:09 diagnosis. You have symptoms that resemble that</p> <p>29:10 diagnosis, but you cannot say the person has that</p> <p>29:11 diagnosis.</p> <p>29:12 When I evaluated Mr. Desrosiers, I</p> <p>29:13 thought that he had most of the symptoms --</p> <p>29:14 actually, all of the symptoms of post-traumatic</p> <p>29:15 stress disorder except for one particular symptom,</p> <p>29:16 and because he was missing that symptom, in trying</p> <p>29:17 to be as transparent and truthful as possible, I</p> <p>29:18 diagnosed him with other trauma stress disorder,</p> <p>29:19 which is akin to post-traumatic stress, absent one</p> <p>29:20 particular symptom.</p>		
30:04 - 35:14	<p>Romirowsky, Samuel 2025-06-30</p> <p>30:04 Q. You reviewed the treating records of</p> <p>30:05 Dr. Annunziata?</p> <p>30:06 A. Yes.</p> <p>30:07 Q. And you reviewed the psychological</p> <p>30:08 evaluation performed by Dr. Duran?</p> <p>30:09 A. Yes.</p> <p>30:10 Q. And you saw the findings that they made</p> <p>30:11 in considering and coming to your conclusions in</p> <p>30:12 this case?</p> <p>30:13 A. Yes. In the records that I reviewed,</p> <p>30:14 it identified that each of those doctors reached</p> <p>30:15 the conclusion that Mr. Desrosiers had</p>	00:07:10	<p>SamuelRomirowsky-editedfortrial.</p> <p>2</p>

DESIGNATION	SOURCE	DURATION	ID
30:16	post-traumatic stress disorder, but neither of the		
30:17	doctors, which is their right, spelled out how they		
30:18	reached the conclusion and which particular		
30:19	symptoms confirmed that he had that particular		
30:20	diagnosis, so I was unable to compare my symptom		
30:21	list with their symptom list.		
30:22	In my estimation, he fell just short of		
30:23	having post-traumatic stress, but nearly all the		
30:24	same symptoms.		
30:25	Q. Tell us about the diagnosis you made on		
31:01	the other specified trauma and stress-related		
31:02	disorder.		
31:03	A. You're asking how did I reach that		
31:04	conclusion?		
31:05	Q. How did you reach that conclusion and		
31:06	what were the symptoms that led you to that		
31:07	conclusion?		
31:08	A. Oh, okay. Based on the interview and		
31:09	review of the records, first of all, he experienced		
31:10	a life-threatening experience. I think everyone		
31:11	would agree that when you get injured by a bullet,		
31:12	however that occurs, that that is considered in the		
31:13	experience of the person that's shot a		
31:14	life-threatening experience.		
31:15	Secondly, he has the experience even		
31:16	four years after the incident where the gun		
31:17	discharged, he had these recurrent, involuntary		
31:18	memories of being in pain, collapsing in the lobby		
31:19	of the police department, being taken to the		
31:20	emergency room, and nightmares that were violent in		
31:21	which he would experience and dream about being		
31:22	shot.		
31:23	Another symptom --		
31:24	Q. Yeah. Please, continue.		
31:25	A. I was going to say another symptom		
32:01	that's part of the diagnosis, part of the		
32:02	requirement for the diagnosis is does the person do		
32:03	anything to avoid reminders?		
32:04	Well, in Mr. Desrosiers' case, he had		
32:05	stopped having contact with any of his fellow		
32:06	police officers because he didn't want to answer		

DESIGNATION	SOURCE	DURATION	ID
32:07	questions about how he's doing. He wanted to avoid		
32:08	that topic. He didn't really want to think about		
32:09	it. And that fit with the criteria of avoiding		
32:10	distressing reminders.		
32:11	He had persistent feelings of sadness,		
32:12	getting anxious and, as I said earlier, feeling		
32:13	vulnerable, so vulnerable that he didn't really		
32:14	want to go out in public because he felt that he		
32:15	couldn't run, couldn't adequately protect himself		
32:16	or protect his wife.		
32:17	He became irritable. He reported		
32:18	difficulty concentrating and that he would startle		
32:19	very easily, which one can readily understand, if		
32:20	you've been shot, you're going to startle very		
32:21	easily.		
32:22	The other criteria is that the		
32:23	symptoms, when you consider all of them together,		
32:24	have caused significant impact on his either family		
32:25	life, his social life, or his occupational life.		
33:01	And in his case, the symptoms that he reported or		
33:02	that were documented impacted all three of those		
33:03	areas.		
33:04	This is a guy who defined who he was by		
33:05	being a husband, a father, and a police officer.		
33:06	And the symptoms that he experienced impacted all		
33:07	three of those areas in a negative way.		
33:08	Q. Is it common in your experience for		
33:09	someone who suffers a physical injury, a sexual		
33:10	dysfunction injury, and a psychological injury to		
33:11	have that impact their self-identity?		
33:12	A. Sure. I don't think it'll surprise		
33:13	anybody on the jury to think about somebody getting		
33:14	shot in their penis, in their scrotum, in their		
33:15	testicle, not being able to get erections going		
33:16	forward and that would affect their feeling of		
33:17	being a man.		
33:18	As being a police officer, in his case		
33:19	was part of his identity of being a man, and he		
33:20	lost that as a result of his physical injuries. He		
33:21	developed these psychological injuries.		
33:22	Q. Are there treatment options for		

DESIGNATION	SOURCE	DURATION	ID
33:23	individuals who have these diagnoses?		
33:24	A. Yes.		
33:25	Q. Did Mr. Desrosiers or has		
34:01	Mr. Desrosiers undertaken any of those treatment		
34:02	options?		
34:03	A. He has. He sought psychological help		
34:04	from someone who, clearly -- reveal in the		
34:05	records -- understood the nature of trauma, was		
34:06	presenting and providing proper treatment, in my		
34:07	opinion, for Mr. Desrosiers.		
34:08	He was taking medication to help reduce		
34:09	his feelings of anxiety and depression. He was		
34:10	doing whatever he could to feel better. He wanted		
34:11	his old life back.		
34:12	Q. I know that -- do you treat with		
34:13	medications, you as a psychologist?		
34:14	A. No. I collaborate with either a		
34:15	psychiatrist or the patient's family doctor,		
34:16	primary care physician, to get the proper care.		
34:17	Q. And tell me about the medication care		
34:18	that Mr. Desrosiers has received as a result of		
34:19	this incident for his mental, psychological		
34:20	injuries.		
34:21	A. So just to be technically accurate, for		
34:22	me to give an opinion about Celexa, which is the		
34:23	medication he was taking, it's out of my specialty		
34:24	area.		
34:25	Q. Rather than --		
35:01	A. I'm aware -- I'm sorry.		
35:02	Q. Rather than giving an opinion about the		
35:03	medication, is that a medication that you		
35:04	understand is prescribed to people with these		
35:05	diagnoses?		
35:06	A. Yes. Thank you.		
35:07	I was going to say in my experience		
35:08	I've collaborated with doctors for years and for		
35:09	decades where Celexa was a medication, among		
35:10	others, that was used to treat these same symptoms.		
35:11	Q. It may be obvious, but the		
35:12	psychological treatment with a psychologist, that		
35:13	costs money in order to attend those sessions?		

DESIGNATION	SOURCE	DURATION	ID
	35:14 A. Yes.		
36:03 - 36:15	Romirowsky, Samuel 2025-06-30	00:00:32	SamuelRomirowsky-editedfortrial.3
	36:03 Q. Sir, the question was whether the		
	36:04 treatment for attending sessions with a		
	36:05 psychologist, that costs money, does it not?		
	36:06 A. Yes. Some part of it may or may not be		
	36:07 covered by a person's health insurance. Even when		
	36:08 they have health insurance that covers some part of		
	36:09 the treatment, there's usually what's called a		
	36:10 copay where they have to pay out of pocket some		
	36:11 amount of money.		
	36:12 Q. And the medications, regardless of who		
	36:13 would be paying for it, those cost money as well		
	36:14 for the treatment?		
	36:15 A. Sure.		
36:22 - 39:08	Romirowsky, Samuel 2025-06-30	00:03:05	SamuelRomirowsky-editedfortrial.4
	36:22 Q. Doctor, you've given two diagnoses. If		
	36:23 you could just repeat those for the last time so		
	36:24 that the jury understands exactly what your		
	36:25 findings were?		
	37:01 A. So I found based on matching		
	37:02 Mr. Desrosiers' symptoms that the criteria listed		
	37:03 in the DSM-5, that book that sets forth the		
	37:04 criteria that you have to have in order to say the		
	37:05 person has a particular psychiatric disorder, I		
	37:06 found that he suffered from two different		
	37:07 disorders: The first, persistent depressive		
	37:08 disorder; feeling sad, difficulty concentrating,		
	37:09 and the list of symptoms that I identified earlier,		
	37:10 and the second is other specified trauma and		
	37:11 stress-related disorder.		
	37:12 Q. I'll show you, sir, the end of the		
	37:13 Exhibit 702 demonstrative. The diagnoses that you		
	37:14 made are listed at the top?		
	37:15 A. Yes.		
	37:16 Q. And you reviewed the diagnoses made by		
	37:17 the treating psychologist and psychological		
	37:18 evaluation for fitness to return to work?		

DESIGNATION	SOURCE	DURATION	ID
37:19	A. Yes.		
37:20	Q. You also --		
37:21	A. While -- while the names of the		
37:22	diagnoses are different, they're essentially		
37:23	99 percent overlapping with my diagnosis. They're		
37:24	both -- they're all stress and trauma-related		
37:25	disorders.		
38:01	Q. You also reviewed the work evaluation		
38:02	on whether or not Mr. Desrosiers was capable of		
38:03	returning to police work?		
38:04	A. Yes.		
38:05	Q. And what was your review, or what did		
38:06	your review find?		
38:07	A. He was -- he was -- it was found and		
38:08	reported back to him that he could never return to		
38:09	police work.		
38:10	Q. And do you recommend further		
38:11	psychological treatment and counseling?		
38:12	A. I do.		
38:13	Q. And do you recommend further		
38:14	consideration for the continued use of medication		
38:15	for anxiety and depression?		
38:16	A. I do. It's my -- it's my sense that by		
38:17	the time he completed treatment with his treating		
38:18	psychologist between the regular treatment he was		
38:19	receiving, which was giving him good emotional		
38:20	support and coping skills, and with the medication		
38:21	that he was taking, that he was generally		
38:22	functioning much better.		
38:23	But since that time, I saw him more		
38:24	than a year after he had stopped treatment. It's		
38:25	my sense that his symptoms returned, and I'm		
39:01	recommending that he go back to treatment.		
39:02	Q. Doctor, have all of the opinions that		
39:03	you've given today been based upon a reasonable		
39:04	degree of psychological certainty?		
39:05	A. Yes.		
39:06	MR. ZIMMERMAN: I want to thank you for		
39:07	your time, and we'll pass the questions		
39:08	along.		

SamuelRomirowsky-editedfortrial

DESIGNATION	SOURCE	DURATION	ID
39:21 - 43:03	Romirowsky, Samuel 2025-06-30	00:02:54	SamuelRomirowsky-editedfortrial.
	39:21 Q. Good afternoon, Dr. Romirowsky.		5
	39:22 A. Hi.		
	39:23 Q. My name's Alaina Devine. I'm one of		
	39:24 the lawyers for SIG Sauer, and I have a few		
	39:25 questions for you here today.		
	40:01 You were hired in this case by the		
	40:02 lawyers representing the plaintiffs, correct?		
	40:03 A. Yes.		
	40:04 Q. And you were paid \$3,500 to speak to		
	40:05 Mr. Desrosiers and complete your evaluation in this		
	40:06 case, correct?		
	40:07 A. Yes.		
	40:08 Q. And it's true, is it not, that you've		
	40:09 completed evaluations like this hundreds of times		
	40:10 previously, correct?		
	40:11 A. What do you mean when you say "like		
	40:12 this"?		
	40:13 Q. Sure. Like the one you completed for		
	40:14 Mr. Desrosiers.		
	40:15 A. In the -- in the sense that they're		
	40:16 forensic evaluations, yes.		
	40:17 Q. Correct. And you're paid generally		
	40:18 each time that you complete those, correct?		
	40:19 A. Sure.		
	40:20 Q. And you charge \$2,500 to testify at a		
	40:21 deposition, correct?		
	40:22 A. Yes.		
	40:23 Q. And your current rate is \$5,000 to		
	40:24 testify at trial or to give a trial deposition like		
	40:25 you are today, correct?		
	41:01 A. Yes.		
	41:02 Q. I think you explained this on direct,		
	41:03 but 100 percent of your practice at this point is		
	41:04 as an expert witness or consultant, correct?		
	41:05 A. Yes.		
	41:06 Q. And about 90 percent of the time it's		
	41:07 on behalf of the plaintiff, correct?		
	41:08 A. Yes.		
	41:09 Q. And you've worked for this plaintiffs'		

DESIGNATION	SOURCE	DURATION	ID
41:10	lawyer's firm before, correct?		
41:11	A. Yes.		
41:12	Q. Dr. Romirowsky, have you ever been the		
41:13	subject of a disciplinary action by the State Board		
41:14	of Psychology in Pennsylvania?		
41:15	A. Yes.		
41:16	Q. And in 2020 you entered into a consent		
41:17	decree with the State Board of Psychology in		
41:18	Pennsylvania for three separate violations of the		
41:19	Professional Psychologist Practices Act, correct?		
41:20	A. Yes.		
41:21	Q. One of those was a violation of		
41:22	Section 8(a)1 that you committed immoral or		
41:23	unprofessional conduct by departing from the		
41:24	standards of acceptable and prevailing		
41:25	psychological practice by disseminating a patient's		
42:01	personal information, correct?		
42:02	A. Yes.		
42:03	Q. And as a result of that consent decree,		
42:04	you had a public reprimand entered against your		
42:05	license, correct?		
42:06	A. Yes.		
42:07	Q. And you agreed to pay --		
42:08	A. To be clear, that reprimand does not		
42:09	include anything about my ability -- does not		
42:10	impact my ability to practice.		
42:11	Q. Okay. And you agreed to pay a fine of		
42:12	\$10,000, correct?		
42:13	A. Yes.		
42:14	Q. And you were also ordered to attend and		
42:15	complete 15 hours of remedial education on ethics,		
42:16	correct?		
42:17	A. Yes.		
42:18	Q. You were also previously the subject of		
42:19	a disciplinary action by the State Board of		
42:20	Psychology in Pennsylvania in 1994, correct?		
42:21	A. I'm not sure which one that refers to.		
42:22	Q. Was this your first violation,		
42:23	Dr. Romirowsky?		
42:24	A. I believe so. 2017.		
42:25	Q. Are you aware in the consent decree		

SamuelRomirowsky-editedfortrial

DESIGNATION	SOURCE	DURATION	ID
	43:01 entered in 2020 that you signed it cites a prior		
	43:02 disciplinary action by the Board in 1994?		
	43:03 A. I don't recall that.		
44:10 - 57:14	Romirowsky, Samuel 2025-06-30	00:12:36	SamuelRomirowsky-editedfortrial.
	44:10 A. I do. I don't remember the year, but I		
	44:11 know the complaint.		
	44:12 BY MS. DEVINE:		
	44:13 Q. Okay. And at least as reflected here		
	44:14 in that case, you admitted a violation of		
	44:15 Section 8(a)11 and that you committed		
	44:16 unprofessional conduct by failing to prepare a		
	44:17 child custody evaluation in accordance with the		
	44:18 standard of care and the Guidelines for Child		
	44:19 Custody Evaluations of the American Psychological		
	44:20 Association, correct?		
	44:21 A. Yes. It had to do with using a term of		
	44:22 art inappropriately in the language of my -- my		
	44:23 child custody evaluation report.		
	44:24 Q. You were also in that case ordered to		
	44:25 pay a civil penalty, correct?		
	45:01 A. Yes.		
	45:02 Q. And you were also ordered to complete		
	45:03 30 hours of remedial education, correct?		
	45:04 A. Yes. This is 20, 21 years ago. Yes.		
	45:05 Q. The second one we talked about. The		
	45:06 first one was from 2017, with the order entered in		
	45:07 2020, correct?		
	45:08 A. Yes.		
	45:09 Q. Your evaluation of Mr. Desrosiers in		
	45:10 December of 2023, that took place over Zoom,		
	45:11 correct?		
	45:12 A. Yes.		
	45:13 Q. And you were paid by the lawyers in		
	45:14 this case to conduct that evaluation, correct?		
	45:15 A. Yes.		
	45:16 Q. And, in fact, you administered to		
	45:17 Mr. Desrosiers a statement of non-confidentiality,		
	45:18 including disclosing that you're evaluating his		
	45:19 condition as it relates to his lawsuit, correct?		

DESIGNATION	SOURCE	DURATION	ID
45:20	A. Yes.		
45:21	Q. You disclosed to him that you were not		
45:22	providing him any treatment, correct?		
45:23	A. Correct.		
45:24	Q. You disclosed to him that there was no		
45:25	doctor-patient relationship formed, correct?		
46:01	A. Yes.		
46:02	Q. And you disclosed to him that you would		
46:03	release your findings to Mr. Desrosiers' attorneys,		
46:04	correct?		
46:05	A. Yes.		
46:06	Q. And you spoke to Mr. Desrosiers in		
46:07	December of 2023 for approximately two hours; is		
46:08	that correct?		
46:09	A. Yes.		
46:10	Q. And is that the only time you've ever		
46:11	spoken with him?		
46:12	A. Yes.		
46:13	Q. And you've never met with him in		
46:14	person, correct?		
46:15	A. Just by Zoom.		
46:16	Q. You completed a mental status		
46:17	examination of Mr. Desrosiers, correct?		
46:18	A. Yes.		
46:19	Q. And that would be sort of a snapshot of		
46:20	a person's cognitive or emotional functioning at a		
46:21	specific point in time, correct?		
46:22	A. Yes.		
46:23	Q. And at that time, at least according to		
46:24	your report, Mr. Desrosiers was logical and		
46:25	coherent, correct?		
47:01	A. Yes.		
47:02	Q. No evidence of disturbed thinking,		
47:03	correct?		
47:04	A. Correct.		
47:05	Q. He had good eye contact, and he		
47:06	remained fully engaged in your interview with him,		
47:07	correct?		
47:08	A. He did, yes.		
47:09	Q. And you did not conduct any tests of		
47:10	Mr. Desrosiers beyond a mental status examination		

DESIGNATION	SOURCE	DURATION	ID
47:11	and your interview of him, correct?		
47:12	A. Correct.		
47:13	Q. You didn't conduct a Personality		
47:14	Assessment Inventory, correct?		
47:15	A. Correct.		
47:16	Q. You didn't conduct a Trauma Symptom		
47:17	Inventory, correct?		
47:18	A. No. I relied on my interview to gain		
47:19	the same information.		
47:20	Q. And do psychologists in your field use		
47:21	these tests commonly in diagnosing and treating		
47:22	mental health conditions?		
47:23	A. If there's a question about diagnostic		
47:24	clarity, sure, but otherwise, the information can		
47:25	be gained in a variety of ways.		
48:01	Q. You conducted your interview of		
48:02	Mr. Desrosiers and collected some background		
48:03	information, learning that he had a bachelor's		
48:04	degree in liberal arts and criminal justice,		
48:05	correct?		
48:06	A. Yes.		
48:07	Q. A law degree that he completed in 2012,		
48:08	correct?		
48:09	A. I'm looking at my report.		
48:10	Q. Sure.		
48:11	A. Yes.		
48:12	Q. You -- did you learn, Dr. Romirowsky,		
48:13	that he's trilingual?		
48:14	A. I don't recall that specifically.		
48:15	Q. Sure. Did Mr. Desrosiers discuss with		
48:16	you that in the fall of 2023 after his incident he		
48:17	completed an online real estate course?		
48:18	A. Yes.		
48:19	Q. And Mr. Desrosiers discussed with you		
48:20	that he was learning to play the guitar, correct?		
48:21	A. Yes.		
48:22	Q. And that he walks to the library almost		
48:23	every day, correct?		
48:24	A. Correct.		
48:25	Q. You discussed in direct Mr. Desrosiers'		
49:01	feelings of vulnerability, particularly around some		

DESIGNATION	SOURCE	DURATION	ID
49:02	of his coworkers as well.		
49:03	Is it fair to say Mr. Desrosiers		
49:04	expressed a disinterest in meeting people that he		
49:05	knew, including coworkers from his department?		
49:06	A. I would say it's more of an avoidance		
49:07	than disinterest.		
49:08	Q. Sure. And that's in part because he		
49:09	didn't want to talk about the incident, correct?		
49:10	A. That's right.		
49:11	Q. The last time Mr. Desrosiers sought		
49:12	psychological treatment or any mental health		
49:13	treatment from a provider was in June of 2022,		
49:14	correct?		
49:15	A. I think it was August of 2022.		
49:16	Q. Okay. Not in 2023?		
49:17	A. Is there a record that you're directing		
49:18	my attention to?		
49:19	Q. I'm asking you, Dr. Romirowsky, if		
49:20	you're aware of any mental health or psychological		
49:21	treatment that Mr. Desrosiers sought after the year		
49:22	2022?		
49:23	A. I don't have the date of the vocational		
49:24	fitness to return to work evaluation performed by		
49:25	Dr. Jill Duran. That may have post dated the		
50:01	treatment in 2022.		
50:02	Q. You didn't review that report yourself,		
50:03	correct? That wasn't something that was provided		
50:04	to you?		
50:05	A. Correct.		
50:06	Q. And I'll represent to you,		
50:07	Dr. Romirowsky, that that report is dated from		
50:08	2021.		
50:09	A. Oh, okay.		
50:10	Q. So back to the question at hand, are		
50:11	you aware of any mental health or psychological		
50:12	treatment sought by Mr. Desrosiers in 2023?		
50:13	A. No.		
50:14	Q. How about in 2024?		
50:15	A. No.		
50:16	Q. And how about in 2025, up until today,		
50:17	at least as far as you know?		

DESIGNATION	SOURCE	DURATION	ID
50:18	A. I haven't been provided with any --		
50:19	Q. Sure.		
50:20	A. -- documents, so I can only rely on		
50:21	what I know, and I have not been provided with any		
50:22	documentation that post dated my evaluation in		
50:23	December of 2023.		
50:24	Q. Thank you.		
50:25	The last provider, at least as far as		
51:01	you know, that Mr. Desrosiers saw was		
51:02	Dr. Annunziata, correct?		
51:03	A. Correct.		
51:04	Q. And Dr. Annunziata is a licensed		
51:05	psychologist, correct?		
51:06	A. Yes.		
51:07	Q. And Mr. Desrosiers saw him		
51:08	approximately two dozen times over a two-year		
51:09	period; is that fair to say?		
51:10	A. Between -- my understanding is between		
51:11	September of 2021 and August of 2022.		
51:12	Q. And it's true that Mr. Desrosiers		
51:13	elected himself to end treatment in 2022, correct?		
51:14	A. I think it was a mutual decision with		
51:15	his therapist.		
51:16	Q. Have you had an opportunity to review		
51:17	those notes in preparation for your testimony		
51:18	today, Dr. Romirowsky?		
51:19	A. No.		
51:20	Q. I've put on the screen Exhibit 186.		
51:21	I'll represent to you this is the notes from		
51:22	Dr. Annunziata, June 22nd, 2022.		
51:23	Do you see that?		
51:24	(Exhibit 186 was marked for purposes of		
51:25	identification.)		
52:01	MR. ZIMMERMAN: You're not showing the		
52:02	date, Alaina.		
52:03	MS. DEVINE: Oh.		
52:04	A. Yes.		
52:05	BY MS. DEVINE:		
52:06	Q. Right here.		
52:07	A. Yes.		
52:08	Q. And I'll represent to you there are		

DESIGNATION	SOURCE	DURATION	ID
52:09	some dating issues in these records, I believe, but		
52:10	this is the record where Dr. Annunziata indicates		
52:11	that Mr. Desrosiers was electing to end treatment		
52:12	at this juncture.		
52:13	Do you see that?		
52:14	A. Yes.		
52:15	Q. And Dr. Romirowsky, under mental		
52:16	status, Dr. Annunziata documented, at least at that		
52:17	time in June of 2022, Mr. Desrosiers' mood and		
52:18	affect.		
52:19	Do you see that here?		
52:20	A. Yes.		
52:21	Q. And it indicates anxious, mild.		
52:22	Correct?		
52:23	A. Yes.		
52:24	Q. Depressed, mild. Correct?		
52:25	A. Yes.		
53:01	Q. Anger, mild. Correct?		
53:02	A. Yes.		
53:03	Q. And in these notes here, Dr. Annunziata		
53:04	indicates "Reported having nightmares once in a		
53:05	while when thinking about Cambridge or the job.		
53:06	But mostly he is fine."		
53:07	Correct?		
53:08	A. Yes.		
53:09	Q. "Dreams are about getting shot or being		
53:10	chased with a gun. Not as frequent, though."		
53:11	Correct?		
53:12	A. Yes.		
53:13	Q. "Still staying away from Cambridge		
53:14	completely."		
53:15	Correct?		
53:16	A. Yes.		
53:17	Q. "Thinks nightmares will subside if he		
53:18	stays away from Cambridge, the site of his		
53:19	shooting."		
53:20	Correct?		
53:21	A. Yes.		
53:22	Q. It further indicates, "He declined		
53:23	another round of exposure therapy around shooting		
53:24	in Cambridge, because the trauma does not really		

DESIGNATION	SOURCE	DURATION	ID
53:25	impact his life if he stays away from Cambridge and		
54:01	if he stays away from" -- his words -- "the		
54:02	defective gun."		
54:03	Correct?		
54:04	A. Yes.		
54:05	Q. And it also indicates, "Since the		
54:06	trauma minimally impacts his psychological		
54:07	functioning, he elected to end treatment at this		
54:08	juncture."		
54:09	Correct?		
54:10	A. Yes.		
54:11	Q. "He cautioned that he may pick up		
54:12	treatment again if need be."		
54:13	Correct?		
54:14	A. Yes.		
54:15	Q. Mr. Desrosiers had a relationship with		
54:16	Dr. Annunziata that he was free to come back to him		
54:17	and contact him if needed, correct?		
54:18	A. Yes.		
54:19	Q. And Mr. Desrosiers found therapy to be		
54:20	helpful, correct?		
54:21	A. Yes.		
54:22	Q. In the therapy notes with		
54:23	Dr. Annunziata and also in his primary care notes,		
54:24	Mr. Desrosiers talked about other issues that		
54:25	contributed to his anxiety and depression, in		
55:01	addition to the subject incident, correct?		
55:02	A. Are you referring to a particular		
55:03	record?		
55:04	Q. Sure. I'm happy to put that up for		
55:05	you. This will be Exhibit 186 [sic].		
55:06	(Exhibit 185 was marked for purposes of		
55:07	identification.)		
55:08	BY MS. DEVINE:		
55:09	Q. Can you see that on the screen,		
55:10	Dr. Romirowsky?		
55:11	A. Yes.		
55:12	Q. And I'll represent to you this is dated		
55:13	April 14th, 2021, at the top here. It's a		
55:14	telemedicine visit with his primary care physician.		
55:15	Did you learn, Dr. Romirowsky, that		

DESIGNATION	SOURCE	DURATION	ID
55:16	Mr. Desrosiers had been diagnosed with lung cancer		
55:17	less than a year after his incident?		
55:18	A. Yes.		
55:19	Q. And he was specifically diagnosed in		
55:20	September of 2020 with a malignant tumor of the		
55:21	lung, correct?		
55:22	A. Yes. I know he had surgery to remove a		
55:23	lobe.		
55:24	Q. Yes. Correct.		
55:25	Didn't end up needing chemo, but there		
56:01	was some talk about potentially having to have it		
56:02	but didn't need it, correct?		
56:03	A. Yes, didn't need it.		
56:04	Q. And Mr. Desrosiers described his lung		
56:05	cancer diagnosis to you as, quote, a very scary		
56:06	event in his life, correct?		
56:07	A. Sure, yes. Understandable.		
56:08	Q. And it was something that he needed to		
56:09	be monitored for for a number of years after his		
56:10	surgery, correct?		
56:11	A. Yes.		
56:12	Q. And I'll draw your attention now to		
56:13	this record in front of you. These are the Atrius		
56:14	Health primary care records. Under HPI/Current		
56:15	Issues or Questions, and this is with respect to		
56:16	PTSD.		
56:17	It indicates: Continues to follow with		
56:18	outside behavioral health therapist, meeting		
56:19	weekly. He reports improvement, still significant		
56:20	worry and anxiety related to carrying a gun and		
56:21	returning to work.		
56:22	And that's what -- consistent with what		
56:23	he told you, correct?		
56:24	A. Yes.		
56:25	Q. It indicates here, "He has long felt		
57:01	depression over the issue, compounded by his		
57:02	relatively recent lung cancer diagnosis."		
57:03	Correct?		
57:04	A. Yes.		
57:05	Q. "He is continuing to see a therapist		
57:06	weekly, finds it beneficial as mentioned, intends		

SamuelRomirowsky-editedfortrial

DESIGNATION	SOURCE	DURATION	ID
	57:07 to continue going forward."		
	57:08 Correct?		
	57:09 A. Yes.		
	57:10 Q. And that's consistent with the		
	57:11 testimony you just gave on direct that seeing the		
	57:12 therapist appeared to have mitigated some of his		
	57:13 symptoms, correct?		
	57:14 A. Yes.		
58:12 - 62:07	Romirowsky, Samuel 2025-06-30	00:04:06	SamuelRomirowsky-editedfortrial.
	58:12 Q. Dr. Romirowsky, a little bit further		
	58:13 down, it states, "Though the lung cancer diagnosis		
	58:14 did not cause depression or PTSD, the diagnosis was		
	58:15 made after his gunshot wound and contributed to		
	58:16 symptoms overall."		
	58:17 Correct?		
	58:18 A. So if I understand that correctly, that		
	58:19 note is suggesting that the doctor felt that		
	58:20 although he already had been diagnosed with cancer,		
	58:21 he didn't get diagnosed with PTSD until after the		
	58:22 gunshot.		
	58:23 Q. The gunshot came first and then the		
	58:24 cancer diagnosis, correct?		
	58:25 A. Yes. Well, yes, that's true. Yes.		
	59:01 Q. And in between these two highlighted		
	59:02 paragraphs, it states, "After discussion, we agreed		
	59:03 to" -- I'm going to butcher this, but is that		
	59:04 Celexa there?		
	59:05 A. That's citalopram. Yes.		
	59:06 Q. Citalopram. Thank you.		
	59:07 So at least as reflected in this notes		
	59:08 -- in this section in the discussion of		
	59:09 Mr. Desrosiers' psychological issues, this is		
	59:10 approximately when the Celexa medication began,		
	59:11 correct?		
	59:12 A. Yes.		
	59:13 Q. It's true, Dr. Romirowsky, that		
	59:14 symptoms of depressive disorder are not always		
	59:15 permanent, correct?		
	59:16 A. Yes.		

DESIGNATION	SOURCE	DURATION	ID
59:17	Q. They can lessen over time, correct?		
59:18	A. They can, yes, or they can worsen.		
59:19	Q. And some -- I'm sorry.		
59:20	A. They can go in either direction, lessen		
59:21	or worsen.		
59:22	Q. Sure. And in some -- some		
59:23	circumstances, they could disappear completely,		
59:24	correct?		
59:25	A. Yes. That's the goal.		
60:01	Q. And there's people with depressive		
60:02	disorders that are able to obtain and maintain		
60:03	employment, perhaps not with the police department		
60:04	but otherwise, correct?		
60:05	A. Yes.		
60:06	Q. And in your meetings with		
60:07	Mr. Desrosiers, at least according to the notes		
60:08	that you took, he expressed a desire to want to		
60:09	work, correct?		
60:10	A. Yes.		
60:11	Q. You went through this a little bit on		
60:12	direct, but you wrote in your report, "It's highly		
60:13	recommended that Mr. Desrosiers resume professional		
60:14	psychological assistance to help him cope more		
60:15	effectively with the symptoms that he's been		
60:16	experiencing and mitigate the severity of those		
60:17	symptoms."		
60:18	Correct?		
60:19	A. Yes.		
60:20	Q. And you also recommended that		
60:21	Mr. Desrosiers see a specialist for the evaluation		
60:22	of the use of the Celexa or other medications,		
60:23	correct?		
60:24	A. Yes.		
60:25	Q. And at least as you -- when you		
61:01	interviewed Mr. Desrosiers in December of 2023,		
61:02	Mr. Desrosiers had not done either of those for		
61:03	almost two years, correct?		
61:04	A. After I saw him, did you say?		
61:05	Q. I said -- let me repeat the question.		
61:06	I apologize.		
61:07	At the time that you interviewed		

SamuelRomirowsky-editedfortrial

DESIGNATION	SOURCE	DURATION	ID
	61:08 Mr. Desrosiers, he hadn't sought treatment or		
	61:09 continued treatment or evaluation of the use of		
	61:10 medication in almost two years, correct?		
	61:11 A. I believe he was still taking the		
	61:12 Celexa.		
	61:13 Q. Okay. And you don't know what his		
	61:14 current status is in terms of his use of medication		
	61:15 or the resumption of professional psychological		
	61:16 assistance, correct?		
	61:17 A. I don't know anything about him since I		
	61:18 evaluated him in December of 2023.		
	61:19 Q. Okay. And it's possible with an		
	61:20 effective combination of psychological treatment		
	61:21 and medical treatment Mr. Desrosiers' symptoms		
	61:22 could be more waning over time as opposed to, say,		
	61:23 waxing and waning, correct?		
	61:24 A. Yes.		
	61:25 Q. Okay.		
	62:01 A. And, in fact, it seems clear that at		
	62:02 the time that he discontinued treatment he was		
	62:03 doing better.		
	62:04 So my recommendation seemed logical to		
	62:05 me, at least, that if he would resume treatment and		
	62:06 continue to take appropriate medications that he		
	62:07 would again feel better.		
62:20 - 64:08	Romirowsky, Samuel 2025-06-30	00:01:31	SamuelRomirowsky-editedfortrial.
	62:20 MS. DEVINE: I have no further		8
	62:21 questions, Dr. Romirowsky. Thank you very		
	62:22 much.		
	62:23 THE WITNESS: You're welcome.		
	62:24 - - -		
	62:25 R E - D I R E C T E X A M I N A T I O N		
	63:01 - - -		
	63:02 BY MR. ZIMMERMAN:		
	63:03 Q. Dr. Romirowsky, I just have a few.		
	63:04 You were shown a record that identified		
	63:05 that in 2022 Mr. Desrosiers at that time was		
	63:06 experiencing minimal symptoms during the time where		
	63:07 he was receiving treatment and medications.		

DESIGNATION	SOURCE	DURATION	ID
	63:08 Do you recall seeing that?		
	63:09 A. Yes.		
	63:10 Q. Why do you believe his symptoms were		
	63:11 minimal at that point?		
	63:12 A. It would suggest to me that the		
	63:13 treatment was effective, that he was getting help		
	63:14 psychologically by the outpatient psychotherapy he		
	63:15 was getting from Dr. Annunziata and in combination		
	63:16 with medication that is designed to reduce his		
	63:17 anxiety and depression, and the combination seemed		
	63:18 effective.		
	63:19 Q. Is that exactly why you recommended		
	63:20 that Mr. Desrosiers needs more treatment as a		
	63:21 result of these injuries?		
	63:22 A. It is. I don't know why he didn't do		
	63:23 it in the intervening time between when he stopped		
	63:24 and when I evaluated him; I just don't know.		
	63:25 But at that point that I saw him, I		
	64:01 suggested and recommended that he go back to		
	64:02 treatment, believing that he would again benefit		
	64:03 from it.		
	64:04 Q. Doctor, you were asked about two		
	64:05 disciplinary complaints: One from about 30 years		
	64:06 ago and one from about seven years ago.		
	64:07 Do you recall that?		
	64:08 A. I sure do.		
64:15 - 65:13	Romirowsky, Samuel 2025-06-30	00:01:09	SamuelRomirowsky-editedfortrial.
	64:15 Q. Let me ask you. What was the issue		12
	64:16 from seven years ago?		
	64:17 A. The issue from seven years ago was that		
	64:18 in the context of an arbitration, a dispute that I		
	64:19 was trying to get resolved between me and a former		
	64:20 litigant in a custody case, that the arbitrator,		
	64:21 not me, in fact, the arbitrator accidentally		
	64:22 released the address of the litigant, which was a		
	64:23 violation of his right to have his information		
	64:24 protected, and I took responsibility for it.		
	64:25 I argued that it should not have been		
	65:01 me because I didn't release the information, but		

SamuelRomirowsky-editedfortrial

DESIGNATION	SOURCE	DURATION	ID
	65:02 that's where it landed.		
	65:03 Q. And then the one from 30 years ago, you		
	65:04 said was a result of an incorrect term in a report?		
	65:05 A. Yes.		
	65:06 Q. Okay. How many people have you either		
	65:07 treated or evaluated over the course of your		
	65:08 career?		
	65:09 A. Thousands.		
	65:10 Q. Okay. And there were two out of the		
	65:11 thousands identified. Did either complaint impact		
	65:12 your ability to practice in your field in any way?		
	65:13 A. Not in any way.		
66:22 - 67:06	Romirowsky, Samuel 2025-06-30	00:00:24	SamuelRomirowsky-editedfortrial.
	66:22 MR. ZIMMERMAN: Ms. Devine, could you		13
	66:23 pull up the cancer note?		
	66:24 MS. DEVINE: Sure.		
	66:25		
	67:01 BY MR. ZIMMERMAN:		
	67:02 Q. Doctor --		
	67:03 MR. ZIMMERMAN: And for the record,		
	67:04 this is -- what exhibit did you mark it as,		
	67:05 Ms. Devine?		
	67:06 MS. DEVINE: 185.		
68:05 - 69:03	Romirowsky, Samuel 2025-06-30	00:00:59	SamuelRomirowsky-editedfortrial.
	68:05 Q. Doctor, I'm sorry to ask you this, but		10
	68:06 is it normal or abnormal for someone who is dealing		
	68:07 with a cancer diagnosis to have feelings of		
	68:08 depression over it?		
	68:09 A. That's a common reaction to learning		
	68:10 that diagnosis.		
	68:11 Q. Is it normal or abnormal, in your		
	68:12 experience, to have a cancer diagnosis be a scary		
	68:13 event for someone?		
	68:14 A. Very normal.		
	68:15 Q. The highlighted portion on the screen		
	68:16 indicates that the diagnosis of depression and		
	68:17 stress disorder were not due to the cancer		
	68:18 diagnosis but were the result of the unintended		

SamuelRomirowsky-editedfortrial

DESIGNATION	SOURCE	DURATION	ID
	68:19 discharge?		
	68:20 A. That's my understanding of the note.		
	68:21 MR. ZIMMERMAN: Ms. Devine, you can		
	68:22 take that down. Thank you.		
	68:23 BY MR. ZIMMERMAN:		
	68:24 Q. Finally, Dr. Romirowsky, you were asked		
	68:25 about whether Mr. Desrosiers wanted to avoid		
	69:01 talking about his injuries in the incident.		
	69:02 Do you recall that?		
	69:03 A. Yes.		
69:23 - 70:24	Romirowsky, Samuel 2025-06-30	00:01:04	SamuelRomirowsky-editedfortrial.
	69:23 Q. Yeah. You were asked about whether		11
	69:24 Mr. Desrosiers wanted to avoid talking about his		
	69:25 injuries in the incident?		
	70:01 A. Yes.		
	70:02 Q. In your experience, is it common or		
	70:03 uncommon for people who have suffered injuries to		
	70:04 the most sensitive parts of their body to want to		
	70:05 discuss them?		
	70:06 A. It's very common that they do not want		
	70:07 to discuss it.		
	70:08 Q. And -- please, go ahead.		
	70:09 A. No. I'm saying the baseline, meaning		
	70:10 in the normal general population of people, it		
	70:11 would be expected that people who suffer that kind		
	70:12 of injury would not be comfortable talking about		
	70:13 it.		
	70:14 Q. And is it normal or abnormal, in your		
	70:15 experience treating and evaluating people, for		
	70:16 people who have suffered injuries to the most		
	70:17 sensitive parts of their body to want to go back to		
	70:18 the injury scene or not?		
	70:19 A. It's common that they do not. It's		
	70:20 common that they avoid the injury scene or anything		
	70:21 that they associate with the injury scene.		
	70:22 MR. ZIMMERMAN: Thank you, Doctor.		
	70:23 Those are all the questions I have.		
	70:24 THE WITNESS: You're welcome.		

Our Designations	01:07:52
TOTAL RUN TIME	01:07:52